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DEC-08 1999 WED 09:02 AM WATSON, FEES, & JIMMERSON X NO. 1 256 536 2389

P. 03

10 PAYMENT LIFE INSURANCE

Service
INSURANCE COMPANY
of Alabama

BIRMINGHAM, ALA.



PREMIUMS PAYABLE FOR
10 YEARS

(AMOUNT OF INSURANCE GRADED
FOR AGES UNDER 31)

READ YOUR POLICY

CI-451

SCHEDULE

CX-E-51

NAME OF INSURED			BENEFICIARY			TYPE POLICY	
MOORE ELLEN G			MOORE PAULINE			CX	CX
CX	929921	11 15 54	5	55	\$ 500	4	115
POLICY NUMBER	MO. DAY YR.	DATE OF ISSUE	AGE*	(CENTS) WEEKLY PREMIUM	AMOUNT OF INSURANCE	DIST.	DEBIT

*INSUREE'S AGE NEXT BIRTHDAY

REGISTER OF CHANGE OF BENEFICIARY

NOTE—NO CHANGE, DESIGNATION OR DECLARATION, SHALL TAKE EFFECT UNTIL ENDORSED ON THIS POLICY BY THE COMPANY AT ITS HOME OFFICE.

DATE ENDORSED	BENEFICIARY	ENDORSED BY

Burial Service Company of Alabama having discharged each and every obligation and liability set forth and stipulated herein, the undersigned beneficiary under this policy hereby surrenders the said policy and certifies that there is held against the said company no further claims hereunder.

WITNESSES

BENEFICIARY

Dated at _____ this _____ day of _____, 19____.

Service

INSURANCE COMPANY
of Alabama

BIRMINGHAM, ALA.

Will pay to the beneficiary in accordance with the provisions of this Policy the amount of insurance granted hereunder upon receipt of due proof of the death of the Insured whose name appears in the schedule on the fourth page hereof.

CONSIDERATION—The Insurance is granted hereunder in consideration of the payment in advance of the weekly premium stated in the schedule on Page 4 hereof on or before each Monday beginning with the date of issue of this Policy and continuing until premiums shall have been paid for 10 years or until prior death of the Insured.

AMOUNT OF INSURANCE—The amount of of insurance hereunder is the amount set out in the schedule herein, unless at date of death the Insured is under three years of age, in which event, the amount payable for each \$100 set out in the said schedule shall be as follows:

- (a) Under three months of age at death, twelve dollars;
- (b) Three months or over but under one year of age at death, eighteen dollars;
- (c) One year or over but under two years of age at death, twenty-four dollars;
- (d) Two years or over but under three years of age at death, sixty-five dollars;
- (e) Three years of age or over at death, full benefit.

(1) **PAYMENT OF PREMIUM**—All premiums are payable at the Home Office of the Company weekly in advance, but may be paid to an authorized representative of the Company, provided that such payment must be entered at the time in the premium receipt book belonging with this Policy. The failure of the collector to call for the premium on the Policy will not be an excuse for non-payment as the Insured will then be required to pay the premium at a Branch Office of the Company or remit the same to the Home Office.

(2) **PREMIUMS PAYABLE OTHER THAN WEEKLY**—The premium stated in the schedule of this Policy is a weekly premium. However, if premiums are paid Annually (52 weeks) in advance at one time, such Annual Premium shall be calculated by multiplying the stated weekly premium by 46.8. If premiums are paid Semi-Annually (26 weeks) in advance at one time, the Semi-Annual Premiums shall be calculated by multiplying the weekly premium stated by 24.7.

(3) **GRACE PERIOD**—A grace period of four weeks shall be granted for the payment of every premium after the first, during which time this Policy will remain in force subject to the terms hereof, but after the expiration of the said period of grace the Company's liability under this Policy shall cease except as to the Non-Forfeiture privileges herein contained.

(4) **REINSTATEMENT**—In the event this Policy should lapse it may be reinstated at any time within three years after due date of the first premium in such default, upon the furnishing to the Company of evidence of insurability satisfactory to the Company and the payment of all premiums in default unless the Extended Insurance has expired or the Cash Surrender Value has been paid.

(5) **EFFECTIVE DATE**—This Policy shall take effect on its date of issue, provided the Insured is then alive and in sound health, but not otherwise.

CONDITIONS AND PROVISIONS—This Policy is issued and accepted subject to all of the terms, conditions, provisions, schedules, registers and endorsements printed or written by the Company on this or the succeeding pages hereof, which are a part of this Policy as fully as if recited over the signatures hereto affixed.

In Witness Whereof, The Company has caused this Policy to be executed by its President and Secretary at its Home Office in Birmingham, Alabama, as of the date of issue appearing herein.



A. C. Brown

SECRETARY

W. B. Sowell

PRESIDENT

10 PAYMENT LIFE INSURANCE—PREMIUMS PAYABLE 10 YEARS

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P. 05

TABLE OF NON-FORFEITURE BENEFITS
FOR A POLICY FOR WHICH THE AMOUNT OF INSURANCE IS \$100

Age at Issue	2 YEARS			3 YEARS			4 YEARS			5 YEARS			6 YEARS			7 YEARS			8 YEARS			9 YEARS			10 YEARS			Age at Issue
	Est. Ins.	Est. Ins.	Paid Up	Est. Ins.	Est. Ins.	Paid Up	Est. Ins.	Est. Ins.	Paid Up	Est. Ins.	Est. Ins.	Paid Up	Est. Ins.	Est. Ins.	Paid Up	Est. Ins.	Est. Ins.	Paid Up	Est. Ins.	Est. Ins.	Paid Up	Est. Ins.	Est. Ins.	Paid Up				
	Mon. A	Mon. A	Mon. B	Mon. A	Mon. A	Mon. B	Mon. A	Mon. A	Mon. B	Mon. A	Mon. A	Mon. B	Mon. A	Mon. A	Mon. B	Mon. A	Mon. A	Mon. B	Mon. A	Mon. A	Mon. B	Mon. A	Mon. A	Mon. B				
1	22	120	519	188	336	242	142	111	107	164	114	278	188	117	449	177	121	321	184	125	Pd. Up	\$100	\$28	1				
2	15	129	18	147	31	243	43	11	106	54	18	373	46	18	443	78	22	818	69	28	Pd. Up	100	29	2				
3	27	127	18	182	31	236	43	11	106	44	18	366	46	18	434	78	22	807	69	28	Pd. Up	100	30	3				
4	48	129	20	181	32	238	43	12	288	44	13	368	47	19	428	78	22	806	59	27	Pd. Up	100	31	4				
5	66	127	20	178	32	232	44	12	293	44	14	358	47	20	422	78	23	801	59	27	Pd. Up	100	31	5				
6	88	128	21	177	33	231	48	13	292	44	17	354	48	20	417	78	24	800	49	28	Pd. Up	100	32	6				
7	108	128	22	173	34	227	48	13	287	47	17	348	48	21	416	78	24	800	49	28	Pd. Up	100	32	7				
8	120	122	22	168	34	222	48	14	281	47	18	342	48	21	403	78	26	800	40	29	Pd. Up	100	34	8				
9	135	122	22	162	34	216	48	14	274	47	18	336	48	22	398	78	26	800	40	30	Pd. Up	100	34	9				
10	148	116	23	157	34	212	48	14	271	47	18	328	48	22	388	78	28	800	40	31	Pd. Up	100	34	10				
11	158	104	23	152	34	207	48	16	268	47	18	322	48	22	382	78	27	800	40	31	Pd. Up	100	35	11				
12	164	88	23	147	34	202	48	16	260	48	18	317	47	23	378	78	27	800	40	32	Pd. Up	100	36	12				
13	168	84	23	143	34	198	48	16	254	48	18	312	47	23	368	78	28	800	40	32	Pd. Up	100	37	13				
14	168	81	22	140	34	194	48	18	251	48	18	308	47	24	361	78	28	800	40	32	Pd. Up	100	37	14				
15	168	78	22	137	34	191	48	18	248	48	20	301	47	24	357	78	29	800	40	33	Pd. Up	100	38	15				
16	168	74	22	134	33	188	48	18	242	48	20	294	48	24	350	78	29	800	40	34	Pd. Up	100	38	16				
17	168	70	22	131	33	184	48	18	238	48	20	288	48	24	344	78	29	800	40	34	Pd. Up	100	38	17				
18	168	66	22	128	33	180	48	18	234	48	20	284	48	24	338	78	29	800	40	34	Pd. Up	100	38	18				
19	168	62	22	125	33	176	48	18	230	48	20	280	48	24	332	78	29	800	40	34	Pd. Up	100	38	19				
20	168	58	22	122	33	172	48	18	226	48	20	276	48	24	326	78	29	800	40	34	Pd. Up	100	38	20				
21	168	54	22	119	33	168	48	18	222	48	20	272	48	24	320	78	29	800	40	34	Pd. Up	100	38	21				
22	168	50	22	116	33	164	48	18	218	48	20	268	48	24	314	78	29	800	40	34	Pd. Up	100	38	22				
23	168	46	22	113	33	160	48	18	214	48	20	264	48	24	308	78	29	800	40	34	Pd. Up	100	38	23				
24	168	42	22	110	33	156	48	18	210	48	20	260	48	24	302	78	29	800	40	34	Pd. Up	100	38	24				
25	168	38	22	107	33	152	48	18	206	48	20	256	48	24	296	78	29	800	40	34	Pd. Up	100	38	25				
26	168	34	22	104	33	148	48	18	202	48	20	252	48	24	290	78	29	800	40	34	Pd. Up	100	38	26				
27	168	30	22	101	33	144	48	18	198	48	20	248	48	24	284	78	29	800	40	34	Pd. Up	100	38	27				
28	168	26	22	98	33	140	48	18	194	48	20	244	48	24	278	78	29	800	40	34	Pd. Up	100	38	28				
29	168	22	22	95	33	136	48	18	190	48	20	240	48	24	272	78	29	800	40	34	Pd. Up	100	38	29				
30	168	18	22	92	33	132	48	18	186	48	20	236	48	24	266	78	29	800	40	34	Pd. Up	100	38	30				
31	168	14	22	89	33	128	48	18	182	48	20	232	48	24	260	78	29	800	40	34	Pd. Up	100	38	31				
32	168	10	22	86	33	124	48	18	178	48	20	228	48	24	254	78	29	800	40	34	Pd. Up	100	38	32				
33	168	6	22	83	33	120	48	18	174	48	20	224	48	24	248	78	29	800	40	34	Pd. Up	100	38	33				
34	168	2	22	80	33	116	48	18	170	48	20	220	48	24	242	78	29	800	40	34	Pd. Up	100	38	34				
35	168	0	22	77	33	112	48	18	166	48	20	216	48	24	236	78	29	800	40	34	Pd. Up	100	38	35				
36	168	0	22	74	33	108	48	18	162	48	20	212	48	24	230	78	29	800	40	34	Pd. Up	100	38	36				
37	168	0	22	71	33	104	48	18	158	48	20	208	48	24	224	78	29	800	40	34	Pd. Up	100	38	37				
38	168	0	22	68	33	100	48	18	154	48	20	204	48	24	218	78	29	800	40	34	Pd. Up	100	38	38				
39	168	0	22	65	33	96	48	18	150	48	20	200	48	24	212	78	29	800	40	34	Pd. Up	100	38	39				
40	168	0	22	62	33	92	48	18	146	48	20	196	48	24	206	78	29	800	40	34	Pd. Up	100	38	40				
41	168	0	22	59	33	88	48	18	142	48	20	192	48	24	200	78	29	800	40	34	Pd. Up	100	38	41				
42	168	0	22	56	33	84	48	18	138	48	20	188	48	24	194	78	29	800	40	34	Pd. Up	100	38	42				
43	168	0	22	53	33	80	48	18	134	48	20	184	48	24	188	78	29	800	40	34	Pd. Up	100	38	43				
44	168	0	22	50	33	76	48	18	130	48	20	180	48	24	182	78	29	800	40	34	Pd. Up	100	38	44				
45	168	0	22	47	33	72	48	18	126	48	20	176	48	24	176	78	29	800	40	34	Pd. Up	100	38	45				
46	168	0	22	44	33	68	48	18	122	48	20	172	48	24	170	78	29	800	40	34	Pd. Up	100	38	46				
47	168	0	22	41	33	64	48	18	118	48	20	168	48	24	164	78	29	800	40	34	Pd. Up	100	38	47				
48	168	0	22	38	33	60	48	18	114	48	20	164	48	24	158	78	29	800	40	34	Pd. Up	100	38	48				
49	168	0	22	35	33	56	48	18	110	48	20	160	48	24	152	78	29	800	40	34	Pd. Up	100	38	49				
50	168	0	22	32	33	52	48	18	106	48	20	156	48	24	146	78	29	800	40	34	Pd. Up	100	38	50				
51	168	0	22	29	33	48	48	18	102	48	20	152	48	24	140	78	29	800	40	34	Pd. Up	100	38	51				
52	168	0	22	26	33	44	48	18	98	48	20	148	48	24	134	78	29	800	40	34	Pd. Up	100	38	52				
53	168	0	22	23	33	40	48	18	94	48	20	144	48	24	128	78	29	800	40	34	Pd. Up	100	38	53				
54	168	0	22	20	33	36	48	18	90	48	20	140	48	24	122	78	29	800	40	34	Pd. Up	100	38	54				
55	168	0	22	17	33	32	48	18	86	48	20	136	48	24	116	78	29	800	40	34	Pd. Up	100	38	55				
56	168	0	22	14	33	28	48	18	82	48	20	132	48	24	110	78	29	800	40	34	Pd. Up	100	38	56				
57	168	0	22	11	33	24	48	18	78	48	20	128	48	24	104	78	29	800	40	34	Pd. Up	100	38	57				
58	168	0	22	8	33	20	48	18	74	48	20	124	48	24	98	78	29	800	40	34	Pd. Up	100	38	58				
59	168	0	22	5	33	16	48	18	70	48	20	120	48	24	92	78	29	800	40	34	Pd. Up	100	38	59				
60	168	0	22	2	33	12	48	18	66	48	20	116	48	24	86	78	29	800	40	34	Pd. Up	100	38	60				

*To obtain the amount of Paid-Up Insurance or the Cash Surrender Value for a policy of which the ultimate amount of Insurance is greater or less than \$100, the value stated should be increased or decreased proportionately; e.g., if the ultimate amount of Insurance is \$200 the value should be doubled. The periods of Extended Insurance: the same whatever the amount of Insurance.

(6) **MISSTATEMENT OF AGE**—In the event the age at Issue is incorrectly stated herein, the Amount of Insurance hereof shall be such as the premiums paid would have purchased at the correct age, and all other benefits shall be based on such correct age and such amount of insurance.

(7) **INCONTESTABILITY**—After this Policy has been continued in force during the lifetime of the Insured for a period of one year from its date of issue it shall thereafter be incontestable except for non-payment of premiums.

(8) **BENEFICIARY**—By written notice to the Company the Insured may from time to time name a new beneficiary, subject to evidence of insurable interest satisfactory to the Company, but no such change shall be effective until endorsed on this Policy by the Company.

If the beneficiary dies before the Insured the Estate of the Insured shall then automatically become the beneficiary thereof. If the Insured's estate is the Beneficiary, the Company will make payment to the Insured's executor or administrator, provided, however, that the Company may make payments to any relative by blood or marriage, or to any person appearing to the Company to be equitably entitled to such payment because of having incurred expense for the maintenance, medical attention or burial of the Insured. If the beneficiary is a minor, or is otherwise not legally qualified to give a valid release at the time of payment hereof the Company may make payment to any person who furnishes evidence satisfactory to the Company that such person is responsible for, or is actually contributing to the support of the beneficiary.

(9) **POLICY CONTROL**—If the Insured hereunder is a minor, during the minority of such Insured, the right to change the beneficiary and exercise all the rights of ownership under this Policy shall be vested in the beneficiary named herein from time to time; or if such beneficiary dies before the Insured, then such rights shall be vested in the surviving parent of the Insured, or in the legal guardian of the Insured, or in any adult having the custody and control of said minor. After the Insured becomes of age, the entire ownership and control of this Policy shall be vested in the Insured.

(10) **ASSIGNMENT**—Neither this Policy, nor any benefit hereunder can be assigned.

(11) **LOSS OF EYESIGHT OR LIMBS**—After the third anniversary of the Insured's birth and during the lifetime of the Insured, if the Company shall receive due proof that during the continuance of this Policy, otherwise than as Extended Insurance or reduced Paid-Up Insurance provided in the Non-Forfeiture Benefits, the Insured has suffered any of the losses set forth below solely as a result of disease contracted or injuries sustained after the date hereof and that thirty days have elapsed since such loss, total and permanent disability shall then be deemed to exist, and upon surrender of this Policy and its premium receipt book, the Company will make immediate payment as set forth below, provided, however, that such loss was not sustained from service in the Military or Naval forces of any country at war.

A sum equal to the amount insured hereunder shall be payable in the event of

- (i) loss by severance of both hands at or above the wrists;
- (ii) loss by severance of both feet at or above the ankles;
- (iii) loss by severance of one hand at or above the wrist and one foot at or above the ankle;
- (iv) complete and irrecoverable loss of sight of both eyes prior to the seventieth anniversary of the Insured's birth.

In addition to the payments set out herein for such loss the Company will endorse this Policy with a waiver of all further premiums, paying at death the amount insured hereunder.

(12) **OPTION TO SURRENDER WITHIN TWO WEEKS**—If the terms of this Policy are not accepted and agreed to it may be surrendered for cancellation at the District Office of the Company through which it was delivered within two weeks from the date hereof and all premiums paid will be refunded.

(13) **PRIVILEGE OF EXCHANGE**—Upon written application and evidence of insurability satisfactory to the Company this Policy may be surrendered to the Company in exchange for another policy on any plan then issued by the Company requiring premium payments less frequent than weekly, provided, the new policy is for at least the minimum amount issued by the Company on the plan applied for. In executing such change the full reserve on this Policy shall be applied to reduce premium payments on the new policy in accordance with the terms and conditions then agreed upon with the Company.

(14) **NON-FORFEITURE BENEFITS—Extended Insurance**—In the event this Policy lapses after premiums have been paid for the respective periods shown in the Table of Non-Forfeiture Values herein the Amount of Insurance granted under this Policy shall be automatically continued in force as Extended Insurance for the number of months specified in the column marked "A" in the said Non-Forfeiture Table. The term of Extended Insurance shall commence on the due date of the first premium in default.

(A) **PAID-UP LIFE INSURANCE**—After this Policy has been in force with premiums paid for the number of years shown in the table below, the Insured may, by making written application upon blanks furnished by the Company within thirteen weeks of the due date of the first premium in default, have this Policy endorsed for a reduced amount of Paid-Up Life Insurance payable at the death of the Insured. Such amount shall be in accordance with the amount stated in Column "B" in the table of Non-Forfeiture Values, provided, however, that such amount of Paid-Up Life Insurance shall be in lieu of Extended Insurance.

(B) **CASH SURRENDER VALUE**—After this Policy has been in force with premiums paid for five full years upon written request to the Company and the surrender of this Policy and all premium receipt books or other evidence of premium payments the Company will pay the Cash Surrender Value set out in Column "C" in the Table of Non-Forfeiture Values less any indebtedness due the Company hereon. Such written request must be made within thirteen weeks of the due date of the first premium in default.

The basis of reserves for this Policy is the 1941 Standard Industrial Mortality Table (Illinois Standard) with interest at 3 3/4% per year.

For the years subsequent to the 20th the values are to be the equivalent of the full reserves according to the foregoing standard. Proportionate increase will be made in the non-forfeiture values shown in the table for each additional completed quarter year of premium payments.

(15) **ALTERATION AND WAIVERS**—This Policy contains the entire agreement between the Company and the Insured. Its terms cannot be changed or its conditions varied, except by a written agreement, signed by the President or Secretary of the Company. No other person shall have the power to make or alter contracts, waive forfeiture, or receive premiums on policies in arrears more than four weeks, or to receipt for the same, and all such arrears given to an agent or employee shall be at the risk of those who pay them and shall not be credited upon the Policy, whether receipted or not, except as set forth in the "Reinstatement" provision herein.

The maximum amount of cash insurance to any policyholder of this Company is limited to Five Hundred Dollars (\$500.00) for natural death. The total liability of this Company for all policies of cash insurance in force by it on the life of the person insured by this Policy for natural death shall be the lesser of Five Hundred Dollars (\$500.00) or the


B

DUPLICATE

BURIAL POLICY

INSURANCE COMPANY
SERVICE of Alabama

BIRMINGHAM, ALA.



PREMIUMS PAYABLE FOR
15 YEARS

READ YOUR POLICY

AUTHORIZED UNDERTAKER

F-0-55.

SCHEDULE

DUPLICATE

NAME OF INSURED	BENEFICIARY	TYPE POLICY
WILLIAMS FANNIE	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> VOID - SEE ENDORSEMENT WILLIAMS CURTIS T </div>	F

F	2341927	4	5	65	38	\$.28 WK	\$300.00	36	20 27
POLICY NUMBER		MO.	DAY	YR.	AGE*	(CENTS) WEEKLY PREMIUM	RETAIL VALUE (ADULTS)	DIST.	DEBIT
		DATE OF ISSUE							

*INSURED'S AGE NEXT BIRTHDAY


F-6-55

LIBERTY NATIONAL LIFE INSURANCE COMPANY
BIRMINGHAM, ALABAMA

PAID-UP POLICY CERTIFICATE

DATE 3/17/01

NAME OF INSURED	TYPE	POLICY NO.	ISSUE DATE			CANCEL	RENEW	AGE AT ISSUE	PREMIUM	DATE PAID TO			DATE PAID
ACCONNELL FANNIE W	F	2341927	4	5	65	36	37	38	28	3	17	00	3/17/01

OVERPAYMENT OF PREMIUM
12/24/00 12/24/00NET OVERPAYMENT
FOR WHICH A
CHECK IS ENCLOSED


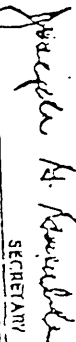
Ms. Fannie McDonnell
General Delivery
Collinsville, AL 35961

THIS CERTIFICATE SHOULD BE
ATTACHED TO THE POLICY
IT DESCRIBES

SEE REVERSE SIDE

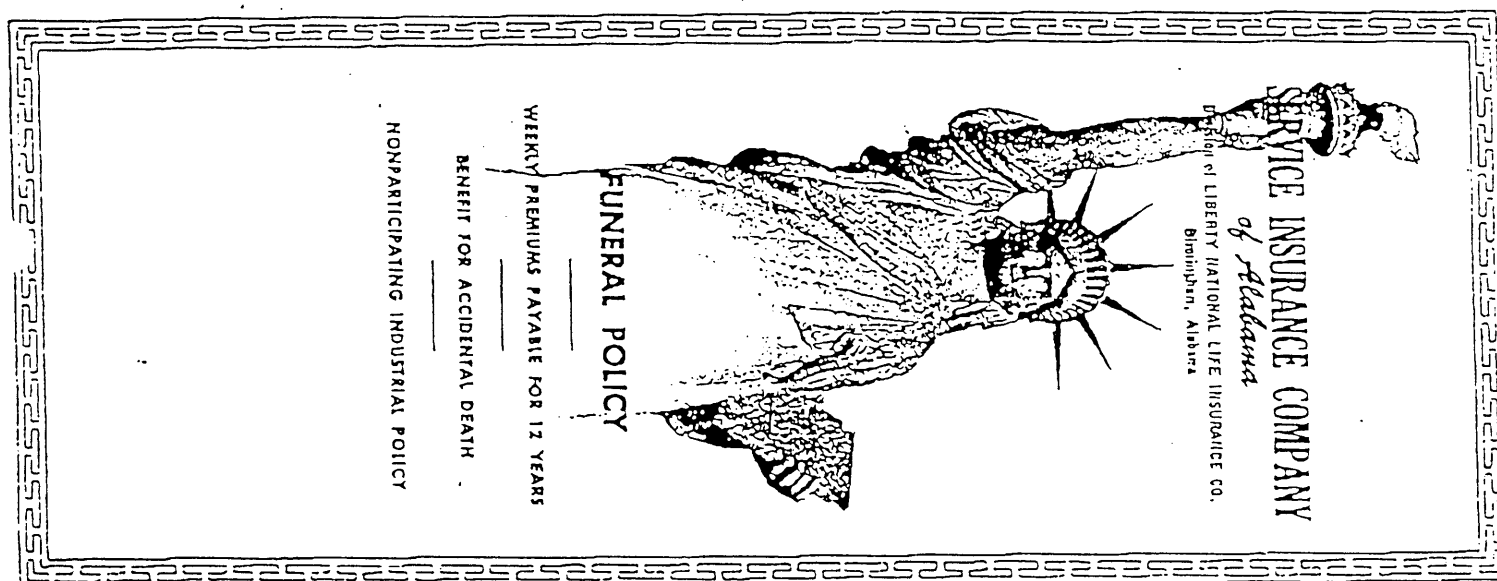
THIS IS TO CERTIFY THAT THE POLICY DESCRIBED
ABOVE IS NOW PAID-UP FOR LIFE AND NO MORE
PREMIUMS WILL BE DUE.

LIBERTY NATIONAL LIFE INSURANCE CO.



SECRETARY

C



SCHEDULE

NAME OF INSURED		BENEFICIARY		PREMIUMS PAYABLE	TYPE
WILLIAMS SPENCER		WILLIAMS SPENCER		WK	330
14758551	11 24 69	42	036	712	15
POLICY NUMBER	MO. DAY YR. DATE OF ISSUE	AGE LAST BIRTHDAY AT DATE OF ISSUE	(CENTS) WEEKLY PREMIUM	\$300 RETAIL VALUE*	36 37 DISTRICT AGENCY

*For death prior to age ten, the retail value is a reduced amount providing comparable benefits.

330-7-67-\$300

Service Insurance Company of Alabama, Division of Liberty National Life Insurance Company, having discharged each and every obligation and liability set forth and stipulated herein, the undersigned beneficiary under this policy hereby surrenders the said policy and certifies that there is held against the said company no further claims hereunder.

Dated at _____ this _____ day of _____, 19 _____

BENEFICIARY _____ WITNESS _____

REGISTER OF CHANGE OF BENEFICIARY

NOTE—NO CHANGE, DESIGNATION OR DECLARATION, SHALL TAKE EFFECT UNTIL ENDORSED ON THIS POLICY BY THE COMPANY AT ITS HOME OFFICE.

ENDORSED BY	BENEFICIARY	THE DATE ENDORSED early if the policy is in force as of DATE 7-3-78 NAME OF INSURED CHANGED TO Marie W. McLaughlin LIBERTY NATIONAL LIFE INSURANCE CO. by J. R. McLaughlin Approved by <i>W. H. B. B.</i> SECRETARY

LIBERTY NATIONAL LIFE INSURANCE COMPANY
BIRMINGHAM, ALABAMA


PAID-UP POLICY CERTIFICATE

NAME OF INSURED	TYPE	POLICY NO.	ISSUE DATE		DISTRICT	AGE AT ISSUE	PREMIUM	DATE PAID TO	
			MO.	DAY				MO.	DAY
MCCONNELL FANNIE W.	330	14750551	11	24	36	42	36	11	9

Fannie McConnell
P. O. Box 208
Collinsville, AL. 35961

THIS CERTIFICATE SHOULD BE
ATTACHED TO THE POLICY
IT DESCRIBES

SEE REVERSE SIDE



MA 3 ED 1047

NET FORW. CHRG.

OVERPAYMENT OF PREM. ☒ ☐

THIS IS TO CERTIFY THAT THE POLICY
ABOVE IS NOW PAID-UP FOR LIFE AND
PREMIUMS WILL BE DUE

LIBERTY NATIONAL LIFE INSURANCE COMPANY
Joseph H. H.

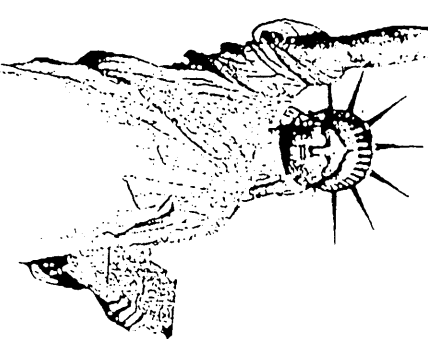
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DEC-08 '99 WED 09:09 AM WATSON, FEES, & JIMMERSON

AX NO. 1 258 538 2329

P. 15

LIBERTY NATIONAL
LIFE INSURANCE COMPANY
BIRMINGHAM, ALABAMA



ACCIDENT POLICY

BENEFIT FOR DEATH BY ACCIDENTAL MEANS
BENEFIT FOR LOSS OF EYEIGHT OR LIMB
BENEFIT FOR DEATH BY TRAVEL ACCIDENT
PREMIUM PAYABLE UNTIL POLICY
ANNIVERSARY IMMEDIATELY PRECEDING
INSURED'S 70TH BIRTHDAY

THIS POLICY IS NONCANCELLABLE AND
GUARANTEED RENEWABLE UNTIL THE
POLICY ANNIVERSARY IMMEDIATELY
PRECEDING INSURED'S 70TH
BIRTHDAY

NONPARTICIPATING INDUSTRIAL POLICY

POLICY NUMBER		NAME OF INSURED		BENEFICIARY		DATE		TYPE	
15153077		WILLIAMS MITCHELL		WILLIAMS MITCHELL		5-15-1997		597/897	
6	29	1970	42	5.12	WEEKLY	60	1	5	15
DATE OF ISSUE		AGE		PREMIUM		AMOUNT OF INSURANCE		LAST PREMIUM PAYABLE	
Month Day Year		Month Day Year		Month Day Year		Month Day Year		Month Day Year	
29 1970		42		5.12 WEEKLY		60 1		5 15 1997	
15		712							
AGENCY		DISTRICT							

**Amount of insurance benefits shown on page one.

36-37

The following endorsement shall take effect
only if the policy is in force as of

DATE 7-3-78
NAME OF INSURED CHANGED TO
Frankie W. McLoane, II
LIBERTY NATIONAL LIFE INSURANCE CO.

by Don L. Burleson

Approved by W. H. Benton
SECRETARY

52
12
104
52
12/624 (52 per month)
60
24

ACCIDENT POLICY**LIBERTY NATIONAL
LIFE INSURANCE COMPANY**

BIRMINGHAM, ALABAMA

INSURANCE BENEFITS—We, Liberty National Life Insurance Company, enter into this agreement with you, the insured named in the schedule on Page 4. Beginning with the date of issue shown in the schedule we insure you for the amounts shown in the table below if premiums are paid as provided under "Premiums." Terms used in the table are defined in the following paragraphs.

TABLE OF INSURANCE BENEFITS			
BENEFIT FOR	BENEFIT PAYABLE		
	First Policy Year	From Second Policy Year Until Policy Anniversary Preceding 65th Birthday	Thereafter Until Policy Anniversary Preceding 70th Birthday
Accidental Death	\$1,000	\$2,000	\$1,000
Death by Travel Accident	3,000	6,000	3,000
Loss of Eyesight	2,500	5,000	2,500
Loss of One Limb	1,000	2,000	1,000
Loss of Two or More Limbs	2,500	5,000	2,500

On the anniversary of the date of issue immediately preceding your 70th birthday this policy will terminate and cease to be in force.

ACCIDENTAL DEATH—Accidental death means death which is caused solely and directly by accidental injury and occurs within 90 days of such injury. Accidental injury means bodily injury effected solely through external and accidental means. No benefit for accidental death will be payable if death results directly or indirectly from any disease, illness, or infirmity or medical or surgical treatment therefor or from any of the "Exclusions from Coverage" listed below or if a benefit is payable under the provisions relating to "Death by Travel Accident" or "Loss of Eyesight or Limb."

DEATH BY TRAVEL ACCIDENT—Death by travel accident means death for which the accidental death benefit would otherwise be payable but which results from injuries sustained while you are a fare-paying passenger in a streetcar, bus, taxicab, train, airplane, steamship, or other vehicle operated as a public conveyance by a licensed common carrier for the transportation of passengers, or while you are a passenger in a school bus which is being operated during the regular session of a recognized public or private school for the transportation of students to or from school or to or from any organized school extracurricular activity.

LOSS OF EYESIGHT OR LIMB—Loss of eyesight means the total and irrecoverable loss of the entire sight of both eyes. Loss of a limb means the loss of a hand or foot by severance. Any loss must be caused solely by disease or injuries sustained after the date of issue and you must survive the loss by at least 30 days. The maximum cumulative benefit payable under this provision is \$5,000.

The payment of any benefit under this provision shall terminate this Policy.

EXCLUSIONS FROM COVERAGE—This policy does not provide a benefit for any loss caused or contributed to by:

- (1) suicide while sane, or self-destruction or any attempt thereof while insane, or injuries intentionally inflicted upon yourself, whether sane or insane,
- (2) injuries intentionally inflicted upon you by any person unless such person was in the course of committing a robbery or burglary or an attempt thereof,
- (3) participating in an assault or felony,
- (4) operating or riding in or descending from any kind of aircraft of which you were the pilot, officer, or member of the crew, or in which you were giving or receiving training or instruction or had any duties,
- (5) war or act of war (including insurrection, undeclared war, and armed aggression or its resistance), whether or not you are in military service of any country or international organization.

Benefit for Death by Accidental Means

Benefit for Death by Travel Accident

Benefit for Loss of Eyesight or Limb

Premiums Payable Until Policy Anniversary Immediately Preceding Insured's 70th Birthday

This Policy is Noncancellable and Guaranteed Renewable Until the Policy Anniversary Immediately Preceding Insured's 70th Birthday

PREMIUMS—The consideration for this policy is the payment of the premiums when they are due, and no insurance will become effective until the first premium has been paid. Premiums under this policy are payable either weekly or monthly as specified in the schedule on page 4 in the amount shown in the schedule. If premiums are payable weekly, they are due each Monday beginning with the date of issue; if payable monthly, they are due on the first of each month beginning with the date of issue. Premiums are payable until the policy anniversary immediately preceding the insured's 70th birthday. Premiums must be paid to one of our agents or to the cashier at one of our offices. If our agent does not call for any premium when it is due, payment of the premium is not excused, and in such case it is your responsibility to see that the payment is made at one of our offices.

POLICY CONTROL—If you are over 16 years of age, you have the entire ownership and control of this policy. If you are less than 16 years of age, the ownership and control of this policy will be vested in the beneficiary named herein from time to time until you reach your 16th birthday. In such case, if the beneficiary should die or cease to have custody and control of you, then ownership and control of this policy will be vested in the parent or legal guardian or other adult having custody and control of you. The ownership and control of this policy includes the right to change the beneficiary and to exercise all other privileges granted in this policy.

ENTIRE CONTRACT—This policy, including any endorsements and attached papers, is the entire contract between us. None of its provisions may be waived or changed except by written endorsement on this policy or on paper attached to this policy signed by the President, a Vice-President, the Secretary, an Assistant Vice-President, or an Assistant Secretary of the Company. No agent has authority to change this policy or to waive any of its provisions.

INCONTESTABILITY—After this policy has been in force for a period of two years during the lifetime of the insured, it shall become incontestable as to the statements contained in the application. No claim for loss incurred commencing after two years from the date of issue of this policy shall be reduced or denied on the ground that a disease or physical condition not excluded from coverage by name or specific description effective on the date of loss had existed prior to the effective date of coverage under this policy.

GRACE PERIOD—A grace period of 4 weeks (or 31 days if premiums payable monthly) will be granted for the payment of each premium falling due after the first premium during which period this policy shall continue in force.

REINSTATEMENT—If any renewal premium is not paid within the time granted to you for paying the same, a subsequent acceptance of all premiums due and unpaid for a period not exceeding 8 weeks prior thereto by us or by any agent duly authorized by us to accept such premiums, shall reinstate this policy; provided, however, that if such agent requires, or if we require an application for reinstatement and a conditional receipt for the premium tendered is issued by us or by our agent, this policy will be reinstated upon our approval of such application, or, upon the forty-fifth day following the date of such conditional receipt unless we have previously notified you in writing of our disapproval of such application. The reinstated policy shall cover only death or other loss covered by this policy resulting from such accidental injury as may be sustained after the date of reinstatement and loss due to such diseases which may begin more than 10 days after such date. In all other respects, you and we shall have the same rights as provided under this policy immediately before the due date of the defaulted premium, subject to any provisions endorsed hereon or attached hereto in connection with the reinstatement.

NOTICE OF LOSS—Written notice of loss must be given to us within thirty days after your accidental death or other loss covered by this policy; or as soon thereafter as is reasonably possible. Notice given to us by you or on your behalf or on behalf of the beneficiary at our Home Office in Birmingham, Alabama, or to one of our authorized agents, with information sufficient to identify you, shall be notice to us.

CLAIM FORMS—Upon receipt of notice of loss we will furnish to the claimant such forms as are usually furnished for filing claims. If such forms are not furnished within fifteen days after giving such notice, the claimant shall be deemed to have complied with the requirements of this policy as to proof of loss upon submitting, within the time fixed in this policy for filing proofs of loss, written proof covering the occurrence, and the character of the death or loss for which claim is made.

PROOF OF LOSS—In the event of accidental death or death by travel accident written proof of loss must be furnished to us at our Home Office within 90 days after the date of such loss. In the event of loss of eyesight or limb written proof of loss must be furnished to us at our Home Office within one year after the date of such loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to furnish proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of legal capacity, later than one year from the time proof is otherwise required.

PAYMENT OF INSURANCE BENEFITS—As soon as we receive due proof of loss covered by this policy we will immediately pay the benefit provided. Any benefit for loss of life will be paid to the beneficiary designated in this policy at the time of payment. If no such designation is then effective, or if the beneficiary does not survive you, such benefit will be paid to your estate. Any other accrued benefit unpaid at your death, may, at the option of the Company, be paid either to the beneficiary or to your estate. All other benefits provided by this policy will be paid to you.

PHYSICAL EXAMINATIONS—We shall have the right and opportunity, at our own expense, to examine your person when and as often as we may reasonably require during the pendency of a claim hereunder.

LEGAL ACTION—No action at law or in equity shall be brought to recover on this policy prior to the expiration of sixty days after written proof of loss required by this policy has been furnished. No such action shall be brought after the expiration of four years from the time written proof of loss is required to be furnished.

BENEFICIARY—The original beneficiary of this policy is named in the schedule on Page 4. You may change the beneficiary at any time by giving us written notice of the desired change and evidence satisfactory to us that the proposed beneficiary has an insurable interest in your life. No change of beneficiary will be effective until we have endorsed it on this policy.

AGE LIMIT—The insurance granted hereunder shall not cover any person over sixty years of age on the date of issue of this policy, unless we accept premiums with the knowledge that the person is over sixty years of age.

MISSTATEMENT OF AGE—Where there is a misstatement of your age as shown in the schedule on Page 4, the coverage provided by this policy shall not become effective if, according to your correct age, you were over 60 years of age on the date of issue. This policy shall terminate on the anniversary of the date of issue immediately preceding your 70th birthday. In the event your age has been misstated and if, according to your correct age, the coverage provided by this policy would not have become effective, or would have ceased prior to the acceptance of such premium or premiums, then the liability of the Company shall be limited to the refund, upon request, of all premiums paid for the period not covered by this policy.

If your age has been misstated, but if according to your correct age on the date of issue the coverage provided by this policy would have become effective, all amounts payable under this policy shall be such as the premium paid would have purchased at the correct age.

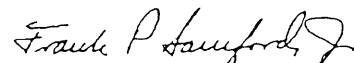
OPTION TO SURRENDER—If the provisions of this policy are not satisfactory, you may surrender it to us for cancellation within two weeks from the date of issue. If this is done, we will refund all premiums which have been paid on this policy.

ASSIGNMENT—You may not assign this policy or any of its benefits.

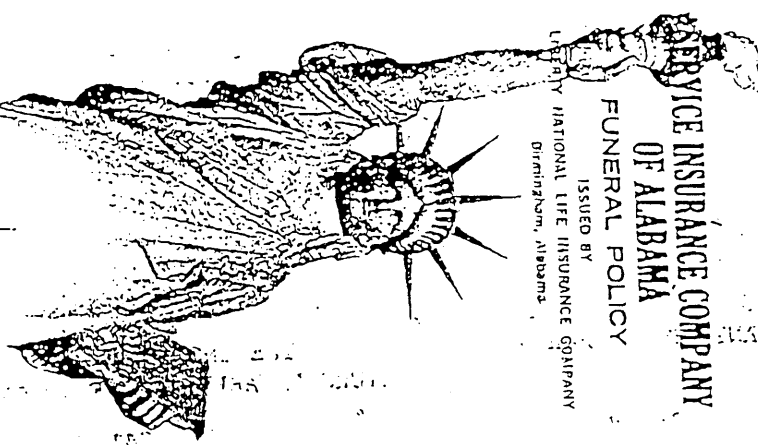
CONFORMITY WITH STATE STATUTES—Any provision of this policy which, on its date of issue, is in conflict with the statutes of the state in which you reside on such date is hereby amended to conform to the minimum requirements of such statutes.

Signed at Birmingham, Alabama by the President and Secretary of Liberty National Life Insurance Company as of the date of issue shown in the schedule on Page 4.


SECRETARY


PRESIDENT

E



**SERVICE INSURANCE COMPANY
OF ALABAMA**
FUNERAL POLICY

ISSUED BY
LIBERTY NATIONAL LIFE INSURANCE COMPANY
Birmingham, Alabama

FUNERAL POLICY

WHOLE LIFE INSURANCE

(BENEFIT GRADED FOR DEATH OF INSURED UNDER AGE 31 DAYS)

PREMIUMS PAYABLE UNTIL POLICY ANNIVERSARY IMMEDIATELY PRECEDING INSURED'S 65TH BIRTHDAY

ADDITIONAL BENEFIT FOR ACCIDENTAL DEATH

ADDITIONAL BENEFIT FOR DEATH BY AUTOMOBILE ACCIDENT

ADDITIONAL BENEFIT FOR DEATH BY TRAVEL ACCIDENT

ADDITIONAL BENEFIT FOR LOSS OF EYESIGHT OR LIMB

NONPARTICIPATING INDUSTRIAL POLICY

FUNERAL POLICY

SCHEDULE				TYPE 32/82	
POLICY NUMBER	NAME OF INSURED	BENEFICIARY	DATE OF ISSUE	AGE	PREMIUM
1015-0042	MCCONNELL FANNIE	MCCONNELL JAMES	12-15-1992	45	\$15.00 WEEKLY
1015-0042			12-15-1992	45	\$15.00 WEEKLY

DATE OF ISSUE	AGE	PREMIUM	AMOUNT OF FUNERAL BENEFIT	LAST PREMIUM PAYABLE	MONTH	DAY	YEAR	AGENCY	DISTRICT
12-15-1992	45	\$15.00 WEEKLY	\$7500	\$15.00	12	15	1992		

If the named insured is under age 31 days at death, the Funeral Benefit will be one-half of the amount shown above.

FUNERAL SERVICE AGREEMENT

AUTHORIZED FUNERAL DIRECTOR—We have entered into agreements with various Funeral Directors for the furnishing of funeral merchandise and service in return for the Funeral Benefit payable under this policy. Such Funeral Directors are referred to herein as "Authorized Funeral Directors." Wherever the term "Authorized Funeral Director" is used, it means a Funeral Director under contract with the company. The names and addresses of all Authorized Funeral Directors are listed on the back of this policy.

M-3, E4 12-85



Fannie McConnell
 P. O. Box 208
 Collinsville, AL 35961

THIS CERTIFICATE SHOULD BE
 ATTACHED TO THE POLICY
 IT DESCRIBES

SEE REVERSE SIDE

THIS IS TO CERTIFY THAT THE POLICY DESCRIBED
 ABOVE IS NOW PAID-UP FOR LIFE AND NO MORE
 PREMIUMS WILL BE DUE.
 LIBERTY NATIONAL LIFE INSURANCE CO.

William E. Ruckelsh
 SECRETARY

LIBERTY NATIONAL LIFE INSURANCE COMPANY
 BIRMINGHAM, ALABAMA

PAID-UP POLICY CERTIFICATE

NAME OF INSURED	TYPE	POLICY NO.	ISSUE DATE			DISTRICT	AGENCY	AGE AT ISSUE	PREMIUM	DATE PAID TO			PAYOUT DATE		
			MO.	DAY	YR.					MO.	DAY	YR.	MO.	DAY	YR.
MC CONNELL FANNIE W	32B	21460692	5	13	74	67	32	46	424	4	1	92	4	1	92

F

DUPLICATE

BURIAL POLICY

SERVICE of Alabama
INSURANCE COMPANY

BIRMINGHAM, ALA.

PREMIUMS PAYABLE FOR
15 YEARS

READ YOUR POLICY

AUTHORIZED UNDERTAKER

SCHEDULE

DUPLICATE

NAME OF INSURED		BENEFICIARY			TYPE POLICY	
WILLIAMS SPENCER		WILLIAMS FANNIE K			F F	
2341929	4 5 65	17	\$.19 WK	\$300.00	36	20
POLICY NUMBER	MO. DAY YR. DATE OF ISSUE	AGE*	(CENTS) WEEKLY PREMIUM	RETAIL VALUE (ADULTS)	DIST.	OCBIT

*INSURED'S AGE NEXT BIRTHDAY

REGISTER OF CHANGE OF BENEFICIARY

2—NO CHANGE, DESIGNATION OR DECLARATION, SHALL TAKE EFFECT UNTIL ENDORSED ON THIS POLICY BY
THE COMPANY AT ITS HOME OFFICE.

DATE ENDORSED	BENEFICIARY	ENDORSED BY

Service Insurance Company of Alabama having discharged each and every obligation and liability set forth and stipulated herein, the undersigned beneficiary under this policy hereby surrenders the said policy and certifies that there is held against the said company no further claims hereunder.

WITNESS

BENEFICIARY

Dated at _____ this _____ day of _____, 19_____

SERVICE INSURANCE COMPANY of Alabama

Will upon receipt of satisfactory proof of the death of the Insured and the surrender of this Policy provide, subject to the terms and conditions of this Policy, a funeral for the Insured of the retail value shown in the schedule.

CONSIDERATION—This Policy is issued in consideration of payment in advance of the weekly premium stated in the schedule on the fourth page of this Policy on or before each Monday in every year during the lifetime of the Insured until premiums shall have been paid for fifteen years, or until prior death of the Insured. Provided, however, that if the Insured is 66 years of age or over the Premium Paying Period shall be as follows:

Age at Date of Issue.

Age 66 through age 70.	Premiums Payable for 12 Years
Age 71 through age 75.	Premiums Payable for 10 Years
Age 76 through age 80.	Premiums Payable for 8 Years
Age 81 through age 85.	Premiums Payable for 6 Years
Age 86 and over.	Premiums Payable for 5 Years

The amount on which reserve is maintained and computed under this Policy is 40% of the retail value stated in this Policy or the average wholesale cost to the Company of the funeral supplies, benefits and services furnished if the same is greater than 40% of such retail value. Reserves shall be computed on the basis of the 1941 Standard Industrial Table of Mortality, Modified Preliminary Term, Illinois Standard, and interest at 3½% per annum.

ALTERATION AND WAIVERS—This Policy contains the entire agreement between the Company and the Insured. Its terms cannot be changed or its conditions varied, except by a written agreement, signed by the President or Secretary of the Company. No other person shall have the power to make or alter contracts, waive forfeitures, or receive premiums on policies in arrears more than four weeks, or to receipt for the same, and all such arrears given to an agent or employee shall be at the risk of those who pay them and shall not be credited upon the Policy, whether receipted or not, except as set forth in the "Reinstatement" provision herein.

CONDITIONS AND PROVISIONS—This Policy is issued and accepted subject to all of the terms, conditions, provisions, schedules, registers and endorsements printed or written by the Company on this or the succeeding pages hereof, which are a part of this Policy as fully as if recited over the signatures hereto affixed.

PREMIUMS PAYABLE OTHER THAN WEEKLY—The premium stated in the schedule of this Policy is a Weekly Premium. However, if an Annual Premium (52 weeks) is paid in advance at one time, such Annual Premium shall be calculated by multiplying the stated Weekly Premium by 46.8. If a Semi-Annual Premium (26 weeks) is paid in advance at one time, such Semi-Annual Premium shall be calculated by multiplying the Weekly Premium stated by 24.7.

PREMIUM PAYING PERIOD—The premium paying period shall begin with the date of issue and continue until premiums shall have been paid for the period stated in the above paragraph headed "Consideration."

EFFECTIVE DATE—This Policy shall take effect on its date of issue, provided the Insured is then alive and in sound health, but not otherwise.

GRACE PERIOD—A grace period of four weeks shall be granted for the payment of every premium after the first during which time this Policy will remain in force subject to the terms hereof, but after the expiration of the said period of grace the Company's liability under this Policy shall cease except as to the Non-Forfeiture privileges herein contained.

REINSTATEMENT—If this Policy shall lapse for non-payment of premium, it may be reinstated upon written application of the Insured accompanied by this Policy within one year from the date to which premiums have been duly paid, upon payment of all arrears, provided evidence of insurability of the Insured, satisfactory to the Company, be furnished, and such reinstatement shall not be effective until the date on which approval thereof is endorsed by the Company on this Policy and unless the Insured is then alive and in sound health.

IN WITNESS WHEREOF, The Company has caused this Policy to be executed by its President and Secretary at its Home Office in Birmingham, Alabama, as of the date of issue appearing in the schedule on page four hereof.



J. L. Burleson
SECRETARY

[Signature]
PRESIDENT

BURIAL POLICY.
PREMIUMS PAYABLE 15 YEARS.

WHEREVER IN THIS POLICY THE WORDS "RETAIL VALUE" ARE USED REFERENCE IS THEREBY MADE TO THE RETAIL PRICES OF THE COMPANY'S AUTHORIZED FUNERAL DIRECTORS

(1) The Company has contracted with and thereby appointed as an authorized funeral director the funeral director designated in this Policy and the Insured by the acceptance of this Policy confirms such appointment. Wherever the phrase "authorized funeral director" is used, it means a funeral director then under contract with this Company to furnish the merchandise and service at the time of the Insured's death.

(2) The provisions of this Policy relating to the providing of funeral merchandise and the rendering of funeral services are to be fulfilled by the Company through an authorized funeral director only and are not to be construed as implying that such funeral merchandise and funeral service will be furnished by anyone except an authorized funeral director.

(3) The authorized funeral director has contracted to keep on display at all times the funeral merchandise stipulated in and provided by this Policy and the selection of same may be made by the Insured hereunder, the beneficiary or by any other person having the authority.

(4) BENEFITS WHERE DEATH OCCURS WITHIN THIRTY-FIVE MILES OF AN AUTHORIZED FUNERAL DIRECTOR.

If death occurs within thirty-five miles of an authorized funeral director the Company will through the facilities and in the manner referred to above, provide a funeral for the Insured of the retail value stipulated herein consisting of a casket, merchandise, and services as follows:

- (A) If the Insured is twelve years of age or older at death, a funeral of the retail value of \$300, and if the insured is under the age of twelve years at death, a funeral of the retail value proportionate to the age of the deceased insured;
- (B) A place where funeral, memorial, or other services may be held and such assistance as is proper in conducting the funeral; such services to be conducted either at the church, funeral parlor, home of the deceased, or other place designated by the beneficiary or other person having the authority;
- (C) Embalming of body, suit or dress, use of one family car, and hearse service for the body to the cemetery, if desired, provided burial is within thirty-five (35) miles of place of death, or, if burial is not desired within the said thirty-five (35) miles the Company will convey the body to the depot and pay actual railway transportation thereon to any point within the United States;
- (D) In the event the body is shipped to a point served by an authorized funeral director the Company will through such authorized funeral director furnish hearse service for a distance not to exceed thirty-five (35) miles from such point.

If the services of the authorized funeral director are not used, then the sole liability of the Company is limited to furnishing through its authorized funeral director of the casket stipulated above in this Paragraph No. (4).

The Company will through the facilities and in the manner referred to above provide for a stillborn child, or a child under the age of four weeks, who dies within thirty-five (35) miles of an authorized funeral director a casket of the retail value of \$15 provided both parents are insured under burial policies with the Company and that such policies are in full force and effect at the date of such birth or death.

(5) BENEFITS WHERE DEATH OCCURS MORE THAN THIRTY-FIVE MILES FROM AN AUTHORIZED FUNERAL DIRECTOR.

If the death of the Insured occurs more than thirty-five (35) miles from an authorized funeral director, the Company will, in lieu of the benefits set out in Paragraph No. (4) and upon receipt of due proof of the death of the insured, pay to its Home Office in Birmingham, Alabama, to the beneficiary named herein or to the person making arrangements or and becoming obligated to pay the burial expenses of the deceased insured, the sum of \$137.50 in cash if the Insured was over one year of age, and if the Insured is under the age of one year, the sum of \$68.75 in cash.

(6) **POLICY CONTROL**—If the Insured hereunder is a minor, during the minority of such Insured, the right to change the beneficiary and exercise all of the rights of ownership under this Policy shall be vested in the beneficiary named herein from time to time; or if such beneficiary dies before the Insured, then such rights shall be vested in the surviving parent of the Insured, or in the legal guardian of the Insured, or in any adult having the custody and control of said minor. After the Insured becomes of age, the entire ownership and control of this Policy shall be vested in the Insured.

(7) **CHANGE OF BENEFICIARY**—The beneficiary under this Policy may be changed from time to time by the person entitled to exercise the Policy Control. Such change shall become operative only when this Policy, accompanied by such form of request as the Company may require, has been surrendered to the Company at its Home Office and the Company has endorsed the change of beneficiary on this Policy.

(8) **PAYMENT OF PREMIUM**—All premiums are payable at the Home Office of the Company weekly in advance, but may be paid to an authorized representative of the Company, provided that such payment must be entered at the time in the premium receipt book belonging with this Policy. The failure of the collector to call for the premium on the Policy will not be an excuse for non-payment as the Insured will then be required to pay the premium at a Branch Office of the Company or remit the same to the Home Office.

(9) **ASSIGNMENT**—Neither this Policy, nor any benefit hereunder can be assigned.

(10) NON-FORFEITURE BENEFITS

Extended Insurance—In the event this Policy lapses after premiums have been paid for the respective periods shown in the table below this Policy shall be automatically continued in force as Extended Insurance for the number of months specified in such table and from the due date of the first premium in default.

Cash Surrender Value—After this Policy has been in force with premiums paid for the respective periods shown in the table below, the Insured may, by making written application and surrendering this Policy to the Company, obtain Cash Surrender Value. If the application therefor is made within thirteen weeks of the due date of the first premium in default, the amount of such Cash Surrender Value shall be as set out in the table below; otherwise the amount shall be the equivalent of the reserve on the Extended Insurance at the date application therefor is made. The Company may defer the payment of any Cash Surrender Value for the period permitted by law, but not to exceed thirteen weeks from the date application therefor is received by the Company.

TABLE OF NON-FORFEITURE BENEFITS

No. of Yrs. Premium Paid*	5 YEARS		6 YEARS		7 YEARS		8 YEARS		9 YEARS		10 YEARS		11 YEARS		12 YEARS		13 YEARS		14 YEARS		15 YEARS		
	Extended Insurance		Extended Insurance		Extended Insurance		Extended Insurance		Extended Insurance		Extended Insurance		Extended Insurance		Extended Insurance		Extended Insurance		Extended Insurance		Extended Insurance		
	Mon.	Val.	Mon.	Val.	Mon.	Val.	Mon.	Val.	Mon.	Val.	Mon.	Val.	Mon.	Val.	Mon.	Val.	Mon.	Val.	Mon.	Val.	Mon.	Val.	
1	37	5	69	5	107	7	149	11	192	13	204	15	236	18	261	21	284	24	301	27	317	30	330
2	50	5	86	7	114	9	161	13	218	15	234	17	264	20	288	23	310	26	325	29	340	32	352
3	59	5	91	7	122	9	172	13	232	15	244	17	274	20	298	23	319	26	334	29	349	32	361
4	66	6	102	8	130	10	182	14	242	16	254	18	284	21	308	24	329	27	344	30	359	33	371
5	71	6	107	8	135	10	187	14	247	16	259	18	292	21	313	24	334	27	349	30	364	33	376
6	74	6	110	8	138	10	190	14	250	16	262	18	294	21	316	24	337	27	352	30	367	33	379
7	76	6	112	8	140	10	192	14	252	16	264	18	296	21	318	24	339	27	354	30	369	33	381
8	77	6	113	8	141	10	193	14	253	16	265	18	297	21	319	24	340	27	355	30	370	33	382
9	78	6	114	8	142	10	194	14	254	16	266	18	298	21	320	24	341	27	356	30	371	33	383
10	79	6	115	8	143	10	195	14	255	16	267	18	299	21	321	24	342	27	357	30	372	33	384
11	80	6	116	8	144	10	196	14	256	16	268	18	300	21	322	24	343	27	358	30	373	33	385
12	81	6	117	8	145	10	197	14	257	16	269	18	301	21	323	24	344	27	359	30	374	33	386
13	82	6	118	8	146	10	198	14	258	16	270	18	302	21	324	24	345	27	360	30	375	33	387
14	83	6	119	8	147	10	199	14	259	16	271	18	303	21	325	24	346	27	361	30	376	33	388
15	84	6	120	8	148	10	200	14	260	16	272	18	304	21	326	24	347	27	362	30	377	33	389
16	85	6	121	8	149	10	201	14	261	16	273	18	305	21	327	24	348	27	363	30	378	33	390
17	86	6	122	8	150	10	202	14	262	16	274	18	306	21	328	24	349	27	364	30	379	33	391
18	87	6	123	8	151	10	203	14	263	16	275	18	307	21	329	24	350	27	365	30	380	33	392
19	88	6	124	8	152	10	204	14	264	16	276	18	308	21	330	24	351	27	366	30	381	33	393
20	89	6	125	8	153	10	205	14	265	16	277	18	309	21	331	24	352	27	367	30	382	33	394
21	90	6	126	8	154	10	206	14	266	16	278	18	310	21	332	24	353	27	368	30	383	33	395
22	91	6	127	8	155	10	207	14	267	16	279	18	311	21	333	24	354	27	369	30	384	33	396
23	92	6	128	8	156	10	208	14	268	16	280	18	312	21	334	24	355	27	370	30	385	33	397
24	93	6	129	8	157	10	209	14	269	16	281	18	313	21	335	24	356	27	371	30	386	33	398
25	94	6	130	8	158	10	210	14	270	16	282	18	314	21	336	24	357	27	372	30	387	33	399
26	95	6	131	8	159	10	211	14	271	16	283	18	315	21	337	24	358	27	373	30	388	33	400
27	96	6	132	8	160	10	212	14	272	16	284	18	316	21	338	24	359	27	374	30	389	33	401
28	97	6	133	8	161	10	213	14	273	16	285	18	317	21	339	24	360	27	375	30	390	33	402
29	98	6	134	8	162	10	214	14	274	16	286	18	318	21	340	24	361	27	376	30	391	33	403
30	99	6	135	8	163	10	215	14	275	16	287	18	319	21	341	24	362	27	377	30	392	33	404
31	100	6	136	8	164	10	216	14	276	16	288	18	320	21	342	24	363	27	378	30	393	33	405
32	101	6	137	8	165	10	217	14	277	16	289	18	321	21	343	24	364	27	379	30	394	33	406
33	102	6	138	8	166	10	218	14	278	16	290	18	322	21	344	24	365	27	380	30	395	33	407
34	103	6	139	8	167	10	219	14	279	16	291	18	323	21	345	24	366	27	381	30	396	33	408
35	104	6	140	8	168	10	220	14	280	16	292	18	324	21	346	24	367	27	382	30	397	33	409
36	105	6	141	8	169	10	221	14	281	16	293	18	325	21	347	24	368	27	383	30	398	33	410
37	106	6	142	8	170	10	222	14	282	16	294	18	326	21	348	24	369	27	384	30	399	33	411
38	107	6	143	8	171	10	223	14	283	16	295	18	327	21	349	24	370	27	385	30	400	33	412
39	108	6	144	8	172	10	224	14	284	16	296	18	328	21	350	24	371	27	386	30	401	33	413
40	109	6	145	8	173	10	225	14	285	16	297	18	329	21	351	24	372	27	387	30	402	33	414
41	110	6	146	8	174	10	226	14	286	16	298	18	330	21	352	24	373	27	388	30	403	33	415
42	111	6	147	8	175	10	227	14	287	16	299	18	331	21	353	24	374	27	389	30	404	33	416
43	112	6	148	8	176	10	228	14	288	16	300	18	332	21	354	24	375	27	390	30	405	33	417
44	113	6	149	8	177	10	229	14	289	16	301	18	333	21	355	24	376	27	391	30	406	33	418
45	114	6	150	8	178	10	230	14	290	16	302	18	334	21	356	24	377	27	392	30	407	33	419
46	115	6	151	8	179	10	231	14	291	16	303	18	335	21	357	24	378	27	393	30	408	33	420
47	116	6	152	8	180	10	232	14	292	16	304	18	336	21	358	24	379	27	394	30	409	33	421
48	117	6	153	8	181	10	233	14	293	16	305	18	337	21	359	24	380	27	395	30	410	33	422
49	118	6	154	8	182	10	234	14	294	16	306	18	338	21	360	24	381	27	396	30	411	33	423
50	119	6	155	8	183	10	235	14	295	16	307	18	339	21	361	24	382	27	397	30	412	33	424
51	120	6	156	8	184	10	236	14	296	16	308	18	340	21	362	24	383	27	398	30	413	33	425
52	121	6	157	8	185	10	237	14	297	16	309	18	341	21	363	24	384	27	399	30	414	33	426
53	122	6	158	8	186	10	238	14	298	16	310	18	342	21	364	24	385	27	400	30	415	33	427
54	123	6	159	8	187	10	239	14	299	16	311	18	343	21	365	24	386	27	401	30	416	33	428
55	124	6	160	8	188	10	240	14	300	16	312	18	344	21	366	24	387	27	402	30	417	33	429
56	125	6	161	8	189	10	241	14	301	16	313	18	345	21	367	24	388	27	403	30	418	33	430
57	126	6	162	8	190	10	242	14	302	16	314	18	346	21	368	24	389	27	404	30	419	33	431
58	127	6	163	8	191	10	243	14	303	16	315	18	347	21	369	24	390	27	405	30	420	33	432
59	128	6	164	8	192	10	244	14	304	16	316	18	348	21	370	24	391						

G

	
SERVICE INSURANCE COMPANY <i>of Alabama</i> DIVISION of LIBERTY NATIONAL LIFE INSURANCE CO. Birmingham, Alabama	
FUNERAL POLICY	
WEEKLY PREMIUMS PAYABLE FOR 12 YEARS	
BENEFIT FOR ACCIDENTAL DEATH	
NONPARTICIPATING INDUSTRIAL POLICY	

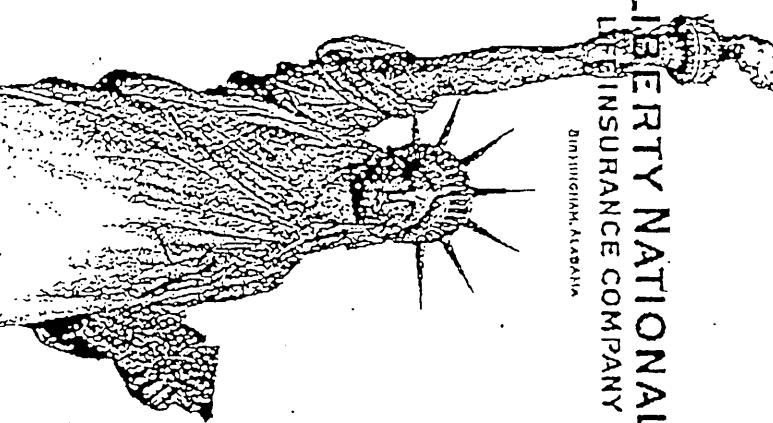
SCHEDULE

NAME OF INSURED	BENEFICIARY		PREMIUM PAYABLE		TYPE
			WK		
WILLIAMS SPENCER	WILLIAMS FANNIE		712		330
14758553	11 24 69	21	023	\$300	15
POLICY NUMBER	MO. DAY YR.	AGE LAST BIRTHDAY AT DATE OF ISSUE	(CENTS) WEEKLY PREMIUM	RETAIL VALUE	AGENCY
	DATE OF ISSUE				

Each prior to age ten, the retail value is a reduced amount providing comparable benefits.

• SEE REVERSE SIDE •

H



LIBERTY NATIONAL
LIFE INSURANCE COMPANY
 BIRMINGHAM, ALABAMA

ACCIDENT POLICY

BENEFIT FOR DEATH BY ACCIDENTAL MEANS _____

BENEFIT FOR DEATH BY AUTOMOBILE ACCIDENT _____

BENEFIT FOR DEATH BY TRAVEL ACCIDENT _____

PREMIUMS PAYABLE UNTIL POLICY ANNIVERSARY IMMEDIATELY PRECEDING INSURED'S 70TH BIRTHDAY _____

THIS POLICY IS NONCANCELLABLE AND GUARANTEED RENEWABLE UNTIL THE POLICY ANNIVERSARY IMMEDIATELY PRECEDING INSURED'S 70TH BIRTHDAY _____

NONPARTICIPATING INDUSTRIAL POLICY

SCHEDULE									
POLICY NUMBER		NAME OF INSURED		BENEFICIARY		TYPE		590/890	
Month	Day	Year	AGE	PREMIUM	AMOUNT OF INSURANCE	Month	Day	Year	AGENCY DISTRICT
DATE OF ISSUE _____ LAST PREMIUM PAYABLE _____ Amount of Insurance benefits shown on page one									

DE' '99 10:59AM WATSON FEES JIMMERSON P.8/19

EMERALD POLICY
SERVICE of Alabama
INSURANCE COMPANY
BIRMINGHAM, ALA.

PREMIUM PAYABLE FOR 11 YEARS

READ YOUR POLICY

AUTHORIZED UNDERTAKER

F-4-35

SCHEDULE **DUPLICATE**

NAME OF INSURED		BENEFICIARY			TYPE POLICY		
WILLIAMS NETA A		WILLIAMS FANNIE K			F		
POLICY NUMBER 2341930	4	5	65	9	\$.16	\$300.00	36
	DATE OF ISSUE MO. DAY YR.			AGE*	(CENTS) WEEKLY PREMIUM	NETAL VALUE (ADULTS)	DEBT.
*INSURED'S AGE NEXT BIRTHDAY							

REGISTER OF CHANGE OF BENEFICIARY

NOTE—NO CHANGE, DESIGNATION OR DECLARATION, SHALL TAKE EFFECT UNTIL ENDORSED ON THIS POLICY BY THE COMPANY AT ITS HOME OFFICE.

DATE ENDORSED	BENEFICIARY	ENDORSED BY

Service Insurance Company of Alabama having discharged each and every obligation and liability set forth and stipulated herein, the undersigned beneficiary under this policy hereby surrenders the said policy and certifies that there is held against the said company no further claims hereunder.

WITNESS

BENEFICIARY

Dated at _____ this _____ day of _____, 19____

OF 199 11:20AM WATSON FEES JIMMERSON

P. 9/19

SERVICE INSURANCE COMPANY of Alabama

Will upon receipt of satisfactory proof of the death of the Insured and the surrender of this Policy provide, subject to the terms and conditions of this Policy, a funeral for the Insured of the retail value shown in the schedule.

CONSIDERATION—This Policy is issued in consideration of payment in advance of the weekly premium stated in the schedule on the fourth page of this Policy on or before each Monday in every year during the lifetime of the Insured until premiums shall have been paid for fifteen years, or until prior death of the Insured. Provided, however, that if the Insured is 65 years of age or over, the Premium Paying Period shall be as follows:

Age at Date of Issue.

Age 65 through age 70	Premiums Payable for 12 Years
Age 71 through age 75	Premiums Payable for 10 Years
Age 76 through age 80	Premiums Payable for 8 Years
Age 81 through age 85	Premiums Payable for 6 Years
Age 86 and over	Premiums Payable for 5 Years

The amount on which reserve is maintained and computed under this Policy is 40% of the retail value stated in this Policy or the average wholesale cost to the Company of the funeral supplies, benefits and services furnished if the same is greater than 40% of such retail value. Reserves shall be computed on the basis of the 1941 Standard Industrial Table of Mortality, Modified Preliminary Term, Illinois Standard, and interest at 3 1/4% per annum.

ALTERATION AND WAIVERS—This Policy contains the entire agreement between the Company and the Insured. Its terms cannot be changed or its conditions varied, except by a written agreement, signed by the President or Secretary of the Company. No other person shall have the power to make or alter contracts, waive forfeitures, or receive premiums on policies in arrears more than four weeks, or to receipt for the same, and all such arrears given to an agent or employee shall be at the risk of those who pay them and shall not be credited upon the Policy, whether receipted or not, except as set forth in the "Reinstatement" provision herein.

CONDITIONS AND PROVISIONS—This Policy is issued and accepted subject to all of the terms, conditions, provisions, schedules, registers and endorsements printed or written by the Company on this or the succeeding pages hereof, which are a part of this Policy as fully as if recited over the signatures hereto affixed.

PREMIUMS PAYABLE OTHER THAN WEEKLY—The premium stated in the schedule of this Policy is a Weekly Premium. However, if an Annual Premium (52 weeks) is paid in advance at one time, such Annual Premium shall be calculated by multiplying the stated Weekly Premium by 46.8. If a Semi-Annual Premium (26 weeks) is paid in advance at one time, such Semi-Annual Premium shall be calculated by multiplying the Weekly Premium stated by 24.7.

PREMIUM PAYING PERIOD—The premium paying period shall begin with the date of issue and continue until premiums shall have been paid for the period stated in the above paragraph headed "Consideration."

EFFECTIVE DATE—This Policy shall take effect on its date of issue, provided the Insured is then alive and in sound health, but not otherwise.

GRACE PERIOD—A grace period of four weeks shall be granted for the payment of every premium after the first during which time this Policy will remain in force subject to the terms hereof, but after the expiration of the said period of grace the Company's liability under this Policy shall cease except as to the Non-Forfeiture privileges herein contained.

REINSTATEMENT—If this Policy shall lapse for non-payment of premium, it may be reinstated upon written application of the Insured accompanied by this Policy within one year from the date to which premiums have been duly paid, upon payment of all arrears, provided evidence of insurability of the Insured, satisfactory to the Company, be furnished, and such reinstatement shall not be effective until the date on which approval thereof is endorsed by the Company on this Policy and unless the Insured is then alive and in sound health.

IN WITNESS WHEREOF, The Company has caused this Policy to be executed by its President and Secretary at its Home Office in Birmingham, Alabama, as of the date of issue appearing in the schedule on page four hereof.



J. L. Burleson
SECRETARY

[Signature]
PRESIDENT

BURIAL POLICY.
PREMIUMS PAYABLE 15 YEARS.

JUN 29 11:01AM WATSON FEES JIMMERSON

P.18/19

WHEREVER IN THIS POLICY THE WORDS "RETAIL VALUE" ARE USED REFERENCE IS THEREBY MADE TO THE RETAIL PRICES OF THE COMPANY'S AUTHORIZED FUNERAL DIRECTORS.

(1) The Company has contracted with and thereby appointed as an authorized funeral director the funeral director designated in this Policy and the Insured by the acceptance of this Policy confirms such appointment. Wherever the phrase "authorized funeral director" is used, it means a funeral director then under contract with this Company to furnish the merchandise and service at the time of the Insured's death.

(2) The provisions of this Policy relating to the providing of funeral merchandise and the rendering of funeral services are to be fulfilled by the Company through an authorized funeral director only and are not to be construed as implying that such funeral merchandise and funeral service will be furnished by anyone except an authorized funeral director.

(3) The authorized funeral director has contracted to keep on display at all times the funeral merchandise stipulated in and provided by this Policy and the selection of same may be made by the Insured hereunder, the beneficiary or by any other person having the authority.

(4) BENEFITS WHERE DEATH OCCURS WITHIN THIRTY-FIVE MILES OF AN AUTHORIZED FUNERAL DIRECTOR.

If death occurs within thirty-five miles of an authorized funeral director the Company will through the facilities and in the manner referred to above, provide a funeral for the Insured of the retail value stipulated herein consisting of a casket, merchandise, and services as follows:

- (A) If the Insured is twelve years of age or older at death, a funeral of the retail value of \$300, and if the Insured is under the age of twelve years at death, a funeral of the retail value proportionate to the age of the deceased Insured;
- (B) A place where funeral, memorial, or other services may be held and such assistance as is proper in conducting the funeral; such services to be conducted either at the church, funeral parlor, home of the deceased, or other place designated by the beneficiary or other person having the authority;
- (C) Embalming of body, suit or dress, use of one family car, and hearse service for the body to the cemetery, if desired, provided burial is within thirty-five (35) miles of place of death, or, if burial is not desired within the said thirty-five (35) miles the Company will convey the body to the depot and pay actual railway transportation thereon to any point within the United States;
- (D) In the event the body is shipped to a point served by an authorized funeral director the Company will through such authorized funeral director furnish hearse service for a distance not to exceed thirty-five (35) miles from such point.

If the services of the authorized funeral director are not used, then the sole liability of the Company is limited to the furnishing through its authorized funeral director of the casket stipulated above in this Paragraph No. (4).

The Company will through the facilities and in the manner referred to above provide for a stillborn child, or a child under the age of four weeks, who dies within thirty-five (35) miles of an authorized funeral director a casket of the retail value of \$15 provided both parents are insured under burial policies with the Company and that such policies are in full force and effect at the date of such birth or death.

(5) BENEFITS WHERE DEATH OCCURS MORE THAN THIRTY-FIVE MILES FROM AN AUTHORIZED FUNERAL DIRECTOR.

If the death of the Insured occurs more than thirty-five (35) miles from an authorized funeral director, the Company will, in lieu of the benefits set out in Paragraph No. (4) and upon receipt of due proof of the death of the Insured, pay at its Home Office in Birmingham, Alabama, to the beneficiary named herein or to the person making arrangements for and becoming obligated to pay the burial expenses of the deceased Insured, the sum of \$137.50 in cash if the Insured is over one year of age, and if the Insured is under the age of one year, the sum of \$68.75 in cash.

(6) **POLICY CONTROL**—If the Insured hereunder is a minor, during the minority of such Insured, the right to change the beneficiary and exercise all of the rights of ownership under this Policy shall be vested in the beneficiary named herein from time to time; or if such beneficiary dies before the Insured, then such rights shall be vested in the surviving parent of the Insured, or in the legal guardian of the Insured, or in any adult having the custody and control of said minor. After the Insured becomes of age, the entire ownership and control of this Policy shall be vested in the Insured.

(7) **CHANGE OF BENEFICIARY**—The beneficiary under this Policy may be changed from time to time by the person entitled to exercise the Policy Control. Such change shall become operative only when this Policy, accompanied by such form of request as the Company may require, has been surrendered to the Company at its Home Office and the Company has endorsed the change of beneficiary on this Policy.

(8) **PAYMENT OF PREMIUM**—All premiums are payable at the Home Office of the Company weekly in advance, but may be paid to an authorized representative of the Company, provided that such payment must be entered at the time in the premium receipt book belonging with this Policy. The failure of the collector to call for the premium on the Policy will not be an excuse for non-payment as the Insured will then be required to pay the premium at a Branch Office of the Company or remit the same to the Home Office.

(9) **ASSIGNMENT**—Neither this Policy, nor any benefit hereunder can be assigned.

(10) NON-FORFEITURE BENEFITS

Extended Insurance—In the event this Policy lapses after premiums have been paid for the respective periods shown in the table below this Policy shall be automatically continued in force as Extended Insurance for the number of months specified in such table and from the due date of the first premium in default.

Cash Surrender Value—After this Policy has been in force with premiums paid for the respective periods shown in the table below, the Insured may, by making written application and surrendering this Policy to the Company, obtain a Cash Surrender Value. If the application therefor is made within thirteen weeks of the due date of the first premium in default, the amount of such Cash Surrender Value shall be as set out in the table below; otherwise the amount shall be the equivalent of the reserve on the Extended Insurance at the date application therefor is made. The Company may defer the payment of any Cash Surrender Value for the period permitted by law, but not to exceed thirteen weeks from the date application therefor is received by the Company.

*Premiums must have been paid on this Policy for the number of years indicated in the first line of the foregoing table to obtain the benefits indicated. See paragraph 8 of this Policy.

DEC 28 '99 11:03AM WAT

FEES JIMMERSON

P.12/19

LIBERTY NATIONAL LIFE INSURANCE COMPANY

BIRMINGHAM, ALABAMA

PAID-UP POLICY CERTIFICATE

DATE 11/23/81

NAME OF INSURED	TYPE	POLICY NO.	ISSUE DATE			DISTRICT	AGENT	A.O.F. REG.	PREMIUM	DATE PAID TO			MATURITY DATE
			MO.	DAY	YR.					MO.	DAY	YR.	
WILLIAMS NETA A	330	147685585	11	24	69	26	26	13	10	11	9	01	01

OVERPAYMENT OF PREMIUM

NET OVERPAYMENT
FOR WHICH A
CHECK IS ENCLOSEDTHIS IS TO CERTIFY THAT THE POLICY DESCRIBED
ABOVE IS NOW PAID-UP FOR LIFE AND NO MORE
PREMIUMS WILL BE DUE.

LIBERTY NATIONAL LIFE INSURANCE CO.

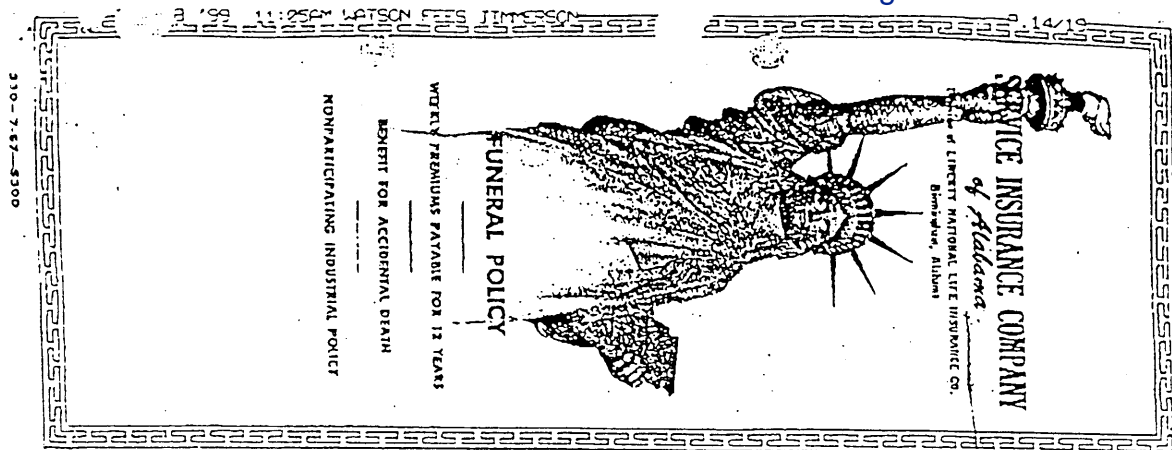
THIS CERTIFICATE SHOULD BE
ATTACHED TO THE POLICY
IT DESCRIBES

* SEE REVERSE SIDE *

SECRETARY

MAY 20 1987

J



SCHEDULE

NAME OF INSURED		BENEFICIARY				PREMIUMS PAYABLE	TYPE
WILLIAMS NETA A		WILLIAMS FANNIE				WK	330
14758555	11 24 69	13	018		\$300	712	15
POLICY NUMBER	MO. DAY YR. DATE OF ISSUE	AGE LAST BIRTHDAY AT DATE OF ISSUE	(CENTS) WEEKLY PREMIUM	RETAIL VALUE	DISTRICT	AGENCY	

*For death prior to age ten, the retail value is a reduced amount providing comparable benefits.

REGISTER OF CHANGE OF BENEFICIARY

NOTE—NO CHANGE, DESIGNATION OR DECLARATION, SHALL TAKE EFFECT UNTIL ENDORSED ON THIS POLICY BY THE COMPANY AT ITS HOME OFFICE.

DATE ENDORSED	BENEFICIARY	ENDORSED BY

Service Insurance Company of Alabama, Division of Liberty National Life Insurance Company, having discharged each and every obligation and liability set forth and stipulated herein, the undersigned beneficiary under this policy hereby surrenders the said policy and certifies that there is held against the said company no further claims hereunder.

WITNESS

BENEFICIARY

Dated at _____ this _____ day of _____, 19____.

8 '99 11:26AM WATSON FEES JIMMERSON

P. 15/19

SERVICE INSURANCE COMPANY *of Alabama*

DIVISION OF LIBERTY NATIONAL LIFE INSURANCE COMPANY

INSURANCE AGREEMENT—Subject to the terms and conditions of this policy we insure your life for the purpose of providing at your death the funeral benefit described below. This insurance is effective on the date of issue shown in the schedule on Page 4 if you are in good health on that date and if premiums are paid as provided under "Premiums".

AUTHORIZED FUNERAL DIRECTOR—We have authorized various funeral directors throughout Alabama to furnish the funeral benefit provided by this policy, and such benefit is to be furnished only by an authorized funeral director. As used in this policy "Authorized Funeral Director" means a funeral director authorized by us at the time of your death. "Retail Value", as used in this policy, refers to the retail prices charged by authorized funeral directors. We will furnish you upon request the names and addresses of all authorized funeral directors.

FUNERAL BENEFIT—If your death occurs within the State of Alabama and within 35 miles of an authorized funeral director, we will provide for you, through an authorized funeral director, a funeral of the retail value of \$300 (or in the event your death occurs prior to your tenth birthday, a funeral of a reduced retail value providing comparable benefits). The funeral shall include the following:

- Casket and suit or dress.
- Transportation of remains to funeral home (not to exceed 35 miles).
- Embalming and preparation of remains.
- Use of funeral parlor.
- A place where the funeral service may be held.
- Assistance in conducting the funeral service.
- Use of funeral coach for transportation of remains to church, home, cemetery, railway station, or other point within 35 miles of funeral home.
- Railway transportation of remains to any point within the continental United States (not including Alaska or Hawaii).
- In the event remains are shipped to a point served by an authorized funeral director, funeral coach service by such funeral director for a distance not to exceed 35 miles from such point.

Neither we nor any authorized funeral director shall be liable for any expense in connection with merchandise or service furnished by anyone other than an authorized funeral director. If the services of an authorized funeral director are not used, our sole liability under this provision shall be to furnish the casket called for in this provision.

If at your death you are insured by the company under another burial policy providing for a funeral of the retail value of \$250 or \$300, we will in lieu of furnishing the funeral benefit specified in this policy and the other policy, furnish for you a funeral of the retail value of \$600 including a metal casket.

BENEFIT WHERE FUNERAL BENEFIT NOT AVAILABLE—If your death occurs outside the State of Alabama or more than 35 miles from an authorized funeral director, we will pay a cash benefit of \$150 (\$75 if your death occurs before your first birthday) in lieu of the funeral benefit.

In such case payment may be made to the beneficiary, or to your executor or administrator, or to any relative of yours by blood or legal adoption or connection by marriage, or to any person appearing to us to be equitably entitled to payment by reason of having incurred expense for your maintenance, medical attention, or burial.

PREMIUMS—The consideration for this policy is the payment of the premiums when they are due, and no insurance will become effective until the first premium has been paid. The amount of the weekly premium is shown in the schedule on Page 4. This premium is due each Monday beginning with the date of issue and continuing for a period of twelve years. Premiums must be paid to one of our agents or to the cashier at one of our offices. If our agent does not call for any premium when it is due, payment of the premium is not excused, and in such case it is your responsibility to see that payment is made at one of our offices.

GRACE PERIOD—If any premium is not paid within 4 weeks of the date when it is due, this policy will lapse and cease to be in force except as provided under "Extended Insurance".

FUNERAL POLICY

Weekly Premiums Payable for 12 Years
Benefit for Accidental Death

NONPARTICIPATING INDUSTRIAL POLICY

ACCIDENTAL DEATH BENEFIT—Upon receipt at our Home Office of due proof that your death, prior to your 65th birthday, resulted from bodily injuries effected solely through external and accidental means and independently of all other causes and within 90 days from the date of such injuries while this policy was in full force and effect, we will, subject to the exclusions below, pay to your beneficiary an additional death benefit of \$100 (or an additional death benefit of \$50 in the event your accidental death occurs prior to your first birthday).

Exceptions—No benefit for accidental death will be payable: (1) if death occurs while this policy is being continued in force as extended insurance; (2) if the injury or death is caused or contributed to by (a) self-destruction, whether sane or insane, (b) any disease, illness, or infirmity, (c) medical or surgical treatment, (d) participation in an assault or felony, (e) operating or riding in or descending from any kind of aircraft of which you were the pilot, officer, or member of the crew, or in which you were giving or receiving training or instruction or had any duties, or (f) war or act of war (including insurrection, undeclared war, and armed aggression or its resistance), whether or not you are in military service of any country or international organization.

LOSS OF EYESIGHT OR LIMBS—Upon receipt at our Home Office of due proof of the loss of your eyesight or the loss of two or more of your limbs, prior to your 65th birthday, we will endorse this policy to waive all future premiums as they become due. Loss of eyesight means the total and permanent loss of sight of both eyes. Loss of a limb means the loss of a hand or foot by severance. The insurance against loss of eyesight or limbs is subject to the following conditions and exceptions:

Conditions—(a) The loss must be caused solely by disease contracted or injuries sustained after the date of issue, and (b) due proof of the loss must be presented to us within two years from the date of the loss.

Exceptions—No insurance is provided against any loss of eyesight or limb which occurs while this policy is being continued in force as extended insurance or which results from (a) intentionally inflicted injury, whether sane or insane, or (b) war or act of war (including insurrection, undeclared war, and armed aggression or its resistance), whether or not you are in military service of any country or international organization.

RESERVE BASIS—The basis of reserves for this policy is the Commissioners 1961 Standard Industrial Mortality Table, Commissioners Reserve Valuation Method, with interest at 3½% per year. The amount on which the reserve is maintained and computed under this policy is 50% of the retail value stated in this policy or the average wholesale cost to the Company of the funeral supplies, benefits and services furnished if the same is greater than 50% of such retail value.

NONFORFEITURE BENEFITS—The two following paragraphs provide for extended insurance and cash values after premiums have been paid for the periods shown. These benefits are computed by the Standard Nonforfeiture Value Method using the Commissioners 1961 Standard Industrial Mortality Table with interest at 3½% per year, except that extended term benefits are calculated on the Commissioners 1961 Industrial Extended Term Table with interest at 3½% per year. The benefits shown are those available after premiums have been paid for the exact periods shown if there is no indebtedness against this policy. The actual calculation of any benefit will take into account the payment of premiums for a portion of a year beyond the exact number of years shown. Benefits for years after those shown will be furnished upon request.

EXTENDED INSURANCE—If this policy should lapse after premiums have been paid for the period of time shown, and has not been surrendered for its Cash Value, the insurance on your life will be continued without further premium payments for the number of years and months shown in the table below. The extended insurance will begin on the date the first unpaid premium was due.

TERMS OF EXTENDED INSURANCE FOR EACH AGE AT ISSUE

Age Last Birthday at Date of Issue	PREMIUMS PAID FOR												Age Last Birthday at Date of Issue
	1 YEAR	2 YEARS	3 YEARS	4 YEARS	5 YEARS	6 YEARS	7 YEARS	8 YEARS	9 YEARS	10 YEARS	11 YEARS	12 YEARS	
0	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	0
1	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1
2	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	2
3	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	3
4	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	4
5	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	5
6	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	6
7	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	7
8	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	8
9	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	9
10	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	10
11	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	11
12	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	12
13	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	13
14	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	14
15	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	15
16	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	16
17	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	17
18	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	18
19	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	19
20	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	20
21	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	21
22	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	22
23	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	23
24	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	24
25	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	25
26	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	26
27	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	27
28	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	28
29	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	29
30	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	30
31	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	31
32	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	32
33	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	33
34	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	34
35	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	35
36	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	36
37	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	37
38	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	38
39	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	39
40	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	40
41	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	41
42	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	42
43	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	43
44	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	44
45	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	45
46	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	46
47	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	47
48	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	48
49	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	49
50	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	50
51	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	51
52	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	52
53	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	53
54	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	54
55	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	55
56	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	56
57	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	57
58	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	58
59	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	59
60	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	60
61	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	61
62	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	62
63	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	63
64	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	64
65	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	65

CASH VALUE—After premiums have been paid for three years this policy will have a cash value. You may receive this value by making written application for it and surrendering this policy to us for cancellation. If this is done while no premium is more than 13 weeks past due, the cash value will be the amount shown in the table below. Otherwise it will be the net single premium for the remaining unexpired extended insurance. We reserve the right to defer payment of the cash value for a period of six months.

CASH VALUES FOR EACH AGE AT ISSUE

Age Last Birthday at Date of Issue	PREMIUMS PAID FOR												Age Last Birthday at Date of Issue
	1 YEAR	4 YEARS	5 YEARS	6 YEARS	7 YEARS	8 YEARS	9 YEARS	10 YEARS	11 YEARS	12 YEARS	13 YEARS	14 YEARS	
0	1	4	6	8	10	12	14	16	18	20	22	24	0
1	1	4	6	8	10	12	14	16	18	20	22	24	1
2	1	4	6	8	10	12	14	16	18	20	22	24	2
3	1	4	6	8	10	12	14	16	18	20	22	24	3
4	1	4	6	8	10	12	14	16	18	20	22	24	4
5	1	4	6	8	10	12	14	16	18	20	22	24	5
6	1	4	6	8	10	12	14	16	18	20	22	24	6
7	1	4	6	8	10	12	14	16	18	20	22	24	7
8	1	4	6	8	10	12	14	16	18	20	22	24	8
9	1	4	6	8	10	12	14	16	18	20	22	24	9
10	1	4	6	8	10	12	14	16	18	20	22	24	10
11	1	4	6	8	10	12	14	16	18	20	22	24	11
12	1	4	6	8	10	12	14	16	18	20	22	24	12
13	1	4	6	8	10	12	14	16	18	20	22	24	13
14	1	4	6	8	10	12	14	16	18	20	22	24	14
15	1	4	6	8	10	12	14	16	18	20	22	24	15
16	1	4	6	8	10	12	14	16	18	20	22	24	16
17	1	4	6	8	10	12	14	16	18	20	22	24	17
18	1	4	6	8	10	12	14	16	18	20	22	24	18
19	1	4	6	8	10	12	14	16	18	20	22	24	19
20	1	4	6	8	10	12	14	16	18	20	22	24	20
21	1	4	6	8	10	12	14	16	18	20	22	24	21
22	1	4	6	8	10	12	14	16	18	20	22	24	22
23	1	4	6	8	10	12	14	16	18	20	22	24	23
24	1	4	6	8	10	12	14	16	18	20	22	24	24
25	1	4	6	8	10	12	14	16	18	20	22	24	25
26	1	4	6	8	10	12	14	16	18	20	22	24	26
27	1	4	6	8	10	12	14	16	18	20	22	24	27
28	1	4	6	8	10	12	14	16	18	20	22	24	28
29	1	4	6	8	10	12	14	16	18	20	22	24	29
30	1	4	6	8	10	12	14	16	18	20	22	24	30
31	1	4	6	8	10	12	14	16	18	20	22	24	31
32	1	4	6	8	10	12	14	16	18	20	22	24	32
33	1	4	6	8	10	12	14	16	18	20	22	24	33
34	1	4	6	8	10	12	14	16	18	20	22	24	34
35	1	4	6	8	10	12	14	16	18	20	22	24	35
36	1	4	6	8	10	12	14	16	18	20	22	24	36
37	1	4	6	8	10	12	14	16	18	20	22	24	37
38	1	4	6	8	10	12	14	16	18	20	22	24	38
39	1	4	6	8	10	12	14	16	18	20	22	24	39
40	1	4	6	8	10	12	14	16	18	20	22	24	40
41	1	4	6	8	10	12	14	16	18	20	22	24	41
42	1	4	6	8	10	12	14	16	18	20	22	24	42
43	1	4	6	8	10	12	14	16	18	20	22	24	43
44	1	4	6	8	10	12	14	16	18	20	22	24	44
45	1	4	6	8	10	12	14	16	18	20	22	24	45
46	1	4	6	8	10	12	14	16	18	20	22	24	46
47	1	4	6	8	10	12	14	16	18	20	22	24	47
48	1	4	6	8	10	12	14	16	18	20	22	24	48
49	1	4	6	8	10	12	14	16	18	20	22	24	49
50	1	4	6	8	10	12	14	16	18	20	22	24	50
51	1	4	6	8	10	12	14	16	18	20	22	24	51
52	1	4	6	8	10	12	14	16	18	20	22	24	52
53	1	4	6	8	10	12	14	16	18	20	22	24	53
54	1	4	6	8	10	12	14	16	18	20	22	24	54
55	1	4	6	8	10	12	14	16	18	20	22	24	55
56	1	4	6	8	10	12	14	16	18	20	22	24	56
57	1	4	6	8	10	12	14	16	18	20	22	24	57
58	1	4	6	8	10	12	14	16	18	20	22	24	58
59	1	4	6	8	10	12	14	16	18	20	22	24	59
60	1	4	6	8	10	12	14	16	18	20	22	24	60
61	1	4	6	8	10	12	14	16	18	20	22	24	61
62	1	4	6	8	10	12	14	16	18	20	22	24	62
63	1	4	6	8	10	12	14	16	18	20	22	24	63
64	1	4	6	8	10	12	14	16	18	20	22	24	64
65	1	4	6	8	10	12	14	16	18	20	22	24	65

BENEFICIARY—The beneficiary of this policy is named in the schedule on Page 4. The beneficiary may be changed at any time by giving us written notice of the desired change and evidence satisfactory to us that the proposed beneficiary has an insurable interest in your life. No change will be effective until we have endorsed it on this policy.

REINSTATEMENT—If this policy should lapse, you may reinstate it at any time within three years provided you have not surrendered it for its cash value. In order to do this you must pay all past due premiums and furnish evidence satisfactory to us that you are insurable. If this policy should be reinstated after having lapsed, no benefit will be payable for any loss which occurred while the policy was not in force.

WAR OR NATIONAL EMERGENCY—If during time of war or other national emergency, the United States Government restricts or allocates the use of steel and it consequently becomes impracticable for the Company to furnish the metal casket provided by combining this policy with another policy providing for a funeral of the retail value of \$250 or \$300, the Company will furnish, in lieu thereof, such other casket of comparable retail value as the beneficiary or other person having proper authority, may select from the stock of an authorized funeral director of the Company.

ASSIGNMENT—You may not assign this policy or any of its benefits.

POLICY CONTROL—If you are over 18 years of age, you have the entire ownership and control of this policy. If you are under 18 years of age, the entire ownership and control of this policy shall be vested in the beneficiary named herein from time to time until you reach your 18th birthday. If the beneficiary having ownership and control of this policy should die before you, then the ownership and control of the policy, if you are under 18 years of age, shall be vested in your surviving parent or your legal guardian or in any adult person having custody and control of you as may be reasonably determined by us. Ownership and control of this policy includes the right to change the beneficiary and to exercise all other privileges provided in this policy.

MEANING OF PRONOUNS—Unless clearly contrary to the context, wherever used in this policy, the words "We," "Our" or "Company" shall mean Service Insurance Company of Alabama, Division of Liberty National Life Insurance Company; and "You" or "Your" shall mean the Insured named in the schedule on Page 4.

ENTIRE CONTRACT—This policy is the entire contract between us. None of its provisions may be waived or changed except by written endorsement on this policy signed by the President, a Vice-President, an Assistant Vice-President, the Secretary, or an Assistant Secretary of the Company.

Signed at Birmingham, Alabama, by the Presidents and Secretary of Service Insurance Company of Alabama, Division of Liberty National Life Insurance Company, as of the date of issue shown in the schedule on Page 4.

J. L. Burleson
SECRETARY

[Signature]
PRESIDENT

K

DEC 08 '99 11:09AM WAT

FEES JIMMERSON

P.19/19

LIBERTY NATIONAL LIFE INSURANCE COMPANY

BIRMINGHAM, ALABAMA

ACCIDENT POLICY

BENEFIT FOR DEATH BY ACCIDENTAL MEANS

BENEFIT FOR DEATH BY AUTOMOBILE
ACCIDENT

BENEFIT FOR DEATH BY TRAVEL ACCIDENT

PREMIUMS PAYABLE UNTIL POLICY
ANNIVERSARY IMMEDIATELY PRECEDING
INSURED'S 70TH BIRTHDAY

THIS POLICY IS NONCANCELLABLE AND
GUARANTEED RENEWABLE UNTIL THE
POLICY ANNIVERSARY IMMEDIATELY
PRECEDING INSURED'S 70TH
BIRTHDAY

NONPARTICIPATING INDUSTRIAL POLICY

4-67

POLICY NUMBER		NAME OF INSURED		BIRTH DATE		SEX	
100-1000		JIMMERSON		12-08-99		M	
DATE OF ISSUE		AGE		PREMIUM		AGENCY	
12-08-99		30		\$100.00		LIBERTY NATIONAL	
AMOUNT OF INSURANCE BENEFIT SHOWN ON PAGE ONE				LAST PREMIUM PAYABLE			
100,000.00				12-08-99			

IN THE UNITED STATES DISTRICT COURT
IN AND FOR THE NORTHERN DISTRICT OF ALABAMA
SOUTHERN DIVISION

ELLEN GAYLE MOORE, FANNIE
McCONNELL, SPENCER WILLIAMS,
and ANITA BOWERS, on Behalf of
themselves and all Others Similarly
Situating,

Plaintiff,

vs.

LIBERTY NATIONAL INSURANCE
COMPANY,

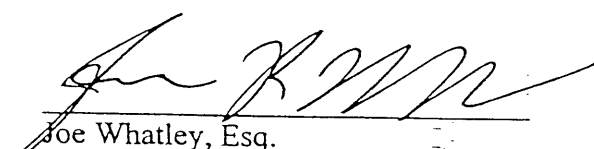
Defendant.

Civ.No.:

CLASS ACTION

REQUEST FOR SERVICE BY
CERTIFIED MAIL

Please serve the defendants Liberty National Insurance Company, by
certified mail pursuant to Alabama Rules of Civil Procedure 4.1 and Federal Rules
of Civil Procedure 4(c)(2)(C)(i).


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